

STATE OF WASHINGTON		<input type="checkbox"/> MUNICIPAL COURT OF		LAKE STEVENS VIOLATION BUREAU		PLAINTIFF VS. NAMED DEFENDANT	
DRIVER'S LICENSE NO.		STATE EXPIRES		PHOTO ID MATCHED		NAME: LAST	
WA 10-30-19		<input checked="" type="checkbox"/>		<input type="checkbox"/>		GRIMM	
ADDRESS		IF NEW ADDRESS		CITY		LAKE STEVENS	
12506 16TH ST NE APT G4				EMP LOCATION		HAIR	
		PASSENGER		EYES		BRO	
				AT LOCATION		SR 92	
ACTION DATE		INTERPRETER NEEDED		REF. TRAFFICWAY		CALLOW RD	
06/04/2015 15:08		LANG:					
DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND							
LIC NO	STATE	EXPIRES	VEH YR	MAKE	MODEL	STYLE	COLOR
B1759	WA	07-13-15	1999	HONDA	CIVAD	SEDAN 4 DR	
LIC NO	STATE	EXPIRES	TR YR				
NEAR/COMPANY IF OTHER THAN DRIVER							
RESS							
IDENT	COMMERCIAL	YES	16+	YES	HAZMAT	YES	CITY
VEHICLE	<input checked="" type="checkbox"/>	NO	PASS	<input checked="" type="checkbox"/>	NO		
DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES							
SPEED	IN A	ZONE	SMD	PAGE	AIRCRAFT		
VIOLATION/STATUTE CODE	46.20.015	NO VALID OPER LICENSE WITH VALID ID					
OVIATION/STATUTE CODE	46.30.020	OP MOT VEH W/OUT INSURANCE					
OVIATION/STATUTE CODE		PENALTY \$					
OVIATION/STATUTE CODE		PENALTY \$					
OVIATION/STATUTE CODE		PENALTY \$					
OVIATION/STATUTE CODE		PENALTY \$					
DATE ISSUED	06-04-15	TOTAL PENALTY \$ 1,100.00					
I HEREBY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT							
OFFICER # 133							
TICKET REFERRED TO PROSECUTOR							
NOTICE OF INFRACTION							
This is a non-criminal offense for which you cannot go to jail. YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED. Your response must be postmarked by midnight of the day it is due at the court. If you do not respond or appear for court hearings: TRAFFIC NON-TRAFFIC The court will find that you committed the infraction. It is a crime and will be treated accordingly. Your penalty may be increased. Failure to pay may result in a referral of your case to a collection agency.							
My mailing address is: (PLEASE PRINT) Name: _____ Street or PO Box _____ City: _____ State: _____ Zip Code: _____ Telephone: Home: _____ Work: _____ Is interpreter needed? Language: _____ X: _____ (SIGNATURE)							



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E430355**

CASE # **15-01384**

LOCAL AGENCY
CODING

TOTAL # OF
UNITS **03**

OBJECT
STRUCK

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input checked="" type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL
RESERVATION

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
06	04	2015	1508	31	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

SR 92

BLOCK NO. ☒
MILE POST

10300

DISTANCE

200

00

MILES

FEET

N ☐

E ☒

S ☐

W ☐

OF (REFERENCE OR CROSS STREET)

CALLOW ROAD

UNIT 01

MOTOR
VEHICLE ☒

PEDAL-
CYCLE ☐

DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

D: 4253447385

LAST NAME

NOVAK

FIRST NAME

MEREDYTH

MIDDLE
INITIAL

Q

STREET
NEW ADDRESS

2125 82ND DR NE

CITY

LAKE STEVENS

ST

WA

ZIP

982586465

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S
LICENSE #

NOVAKMQ078P9

STATE

WA

SEX

F

D.O.B.
MMDDYYYY

10

29

1993

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

2

INJURY
CLASS

1

NATURE OF INJURIES

LICENSE
PLATE #

AUD0843

STATE

WA

VIN#

JHMEG8550NS004449

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

1992

MAKE

HOND

MODEL

CIV4D

STYLE

4D

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. **MEREDYTH NOVAK 2125 82ND DR NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE
IN EFFECT ☒

INSURANCE CO
& POLICY # **STATEFARM 3748221E0147**

VEHICLE
LEGALLY
STANDING ☐

CITATION #

CHARGE



UNIT 02

MOTOR
VEHICLE ☒

PEDAL-
CYCLE ☐

PEDESTRIAN ☐

PROPERTY
OWNER ☐

DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4253469356

LAST NAME

GRIMM

FIRST NAME

DANIELLE

MIDDLE
INITIAL

L

STREET
NEW ADDRESS

12506 16TH ST NE APT G4

CITY

LAKE STEVENS

ST

WA

ZIP

982587725

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

GRIMMDL190PT

STATE

WA

SEX

F

D.O.B.
MMDDYYYY

10

30

1981

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

2

INJURY
CLASS

7

NATURE OF INJURIES
NECK PAIN

LICENSE
PLATE #

AMB1759

STATE

WA

VIN#

2HGEJ6575XH551429

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

1999

MAKE

HOND

MODEL

CIV4D

STYLE

4D

VEHICLE TOWED
YES ☒ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. **DANIELLE THARP 6945 282ND PL NW STANWOOD WA 98292**

LIABILITY INSURANCE
IN EFFECT ☐

INSURANCE CO
& POLICY # **5Z0627844**

VEHICLE
LEGALLY
STANDING ☐

CITATION #

CHARGE

NVOL W/ID AND NO INSURANCE



OFFICER'S NAME (PRINT)
G. HEINEMANN #133

BADGE OR ID #
#0133

AGENCY
WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E430355**

CASE # **15-01384**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		OAKLEY MORGAN J																
ADDRESS & PHONE #												SEX	U	D.O.B. MMDDYYYY	12	04	1993	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES RIGHT KNEE PAIN
NAME (LAST, FIRST, MIDDLE INITIAL)		ENG CANDACE M																
ADDRESS & PHONE #												SEX	U	D.O.B. MMDDYYYY	08	21	1992	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	0	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		SCHLOTFELDT KYLEE M																
ADDRESS & PHONE #												SEX	U	D.O.B. MMDDYYYY	12	03	2008	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	9	AIRBAG	2	RESTR.	8	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

On the listed date and time I was traveling eastbound in the 10300 block of SR 92 when I came across a 3 vehicle collision. I stopped and the driver of Unit 1 informed me that she did not have time to brake for the car in front of her. She stated that she struck the vehicle in front of her, which then struck another vehicle in front of them. The three individuals in Unit 2 were transported for minor injuries. Unit 2 was towed by rescue towing. The driver of Unit 2 was cited for NVOL with ID and no insurance.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. HEINEMANN #133

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

06-04-15 06:03 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

6/5/2015 5:27:29 AM

BADGE OR ID #	#0133	ORI #	WA0311900	TIME POLICE DISPATCHED	3:08 PM	TIME POLICE ARRIVED	3:08 PM
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SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E430355**

CASE # **15-01384**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # USDOT ICC # VEHICLE TYPE CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE # AXLES GVWR PLACARD + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 5099694620**

LAST NAME **SCHLOTFELDT** FIRST NAME **DARCY** MIDDLE INITIAL **M**

STREET NEW ADDRESS ☐ **24 95TH AVE SE**

CITY **LAKE STEVENS** ST **WA** ZIP **982583972**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **SCHLODM177D5** STATE **WA** SEX **F** D.O.B. **03** - **25** - **1983**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **853XQK** STATE **WA** VIN# **1GNEK13T95J167686**

TRAILER PLATE # STATE TRAILER PLATE # STATE

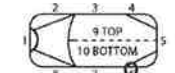
VEH. YEAR **2005** MAKE **CHEV** MODEL **TAHOE** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **DARCY BUTLER 24 95TH AVE SE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **AMERICAN FAMILY INSUR 2377579702**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



UNIT # MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. - -

ON DUTY ☐ STATUS ☐ AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS ☐ NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO. & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. HEINEMANN #133

06-04-15 06:03 PM

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED: PLACE SIGNED

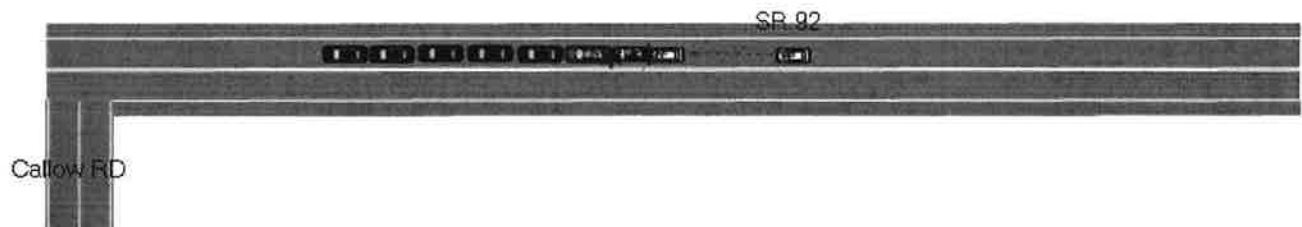
BADGE OR ID # **#0133** ORI # **WA0311900**

APPROVED BY **VALVICK** DATE **8/5/2015**

PAGE **3** OF **4**



Not to scale



FAX COVER SHEET

TO:	SNO PAC	FAX:	
FROM:	LSPD #133	DATE:	6-4-15
CC:		PAGES:	2
RE: IMPOUND 15-01384			

☐ WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

[illegible]

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-01384

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN 2 H G E J 6 5 7 5 X H 5 5 1 4 2 9				
LICENSE AMB 1759	STATE WA	YEAR 99	MAKE Honda	MODEL Civic
<input type="checkbox"/> Report of Sale	MILEAGE <input type="checkbox"/> Digital	STYLE 2 door	COLOR Black	

DRIVER

NAME (LAST, FIRST, MI) THARP, DANIELLE L	
STREET ADDRESS 12506 16 TH ST NE Apt G4	
CITY, STATE, ZIP CODE LAKE STEVENS WA 98258	
PHONE 425 346 9356	DOB 10-30-81

REGISTERED OWNER

NAME (LAST, FIRST, MI) GRIMM, DANIELLE L	
STREET ADDRESS 12506 16 TH ST NE Apt G4	
CITY, STATE, ZIP CODE LAKE STEVENS WA 98258	
PHONE 425-346-9356	

LEGAL OWNER

NAME (LAST, FIRST, MI)	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
PHONE	

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 6-4-15 AT 1245 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE RESCUE TOWING (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 10300 BLK SR 92

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 5745 DATE 6-4-15

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input checked="" type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		

INVENTORY/EVIDENCE

NOTHING OF VALUE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)
3 VEHICLE collision, DRIVER DE
LISTED VEHICLE TRANSPORTED TO
hospital. Also SUSPENDED

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X [Signature]

BADGE NO.

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

Name :			Addr :	Phone :
/1508	(SP0257)	\$OUTSRV	, NO MORE INFORMATION	
/1508		DISPOS	19D3 #SS133 HEINEMANN, OFFICER (GAVIN)	
			, NO MORE INFORMATION	
/1509		MISC	19D3 , CABN ADULT M PAIN IN NECK /ALSO ADULT F CABN NE	
			CK PAIN	
/1511		REMINQ	19D3 VEH, 19D3, AUD0843,,,,,,,,,,,,,	
/1511		REMINQ	19D3 VEH, 19D3, AMB1759,,,,,,,,,,,,,	
/1511		REMINQ	19D3 VEH, 19D3, 853XQK,,,,,,,,,,,,,	
/1513		CHANGE	LOC: EO 92 /CALLOW --> CALLOW RD/SR 92 , LKS,	
			BLK: --> SS001	
/1516		MISC	19D3 , AID OS	
/1531		ASNCAS	19D3 \$SS15001384	
/1533		ROTREQ	19D3 TOW 5745 LKS RESCUE TOWING	
			4253345821 , HEAVY BK END DAMAGE	
/1533		MISC	19D3 , BLK HONDA	
/1534		MISC	19D3 , RESCUE TOW ER	
/1543		MISC	19D3 , TOW OS	
/1548	(SS133)	REMINQ	19D3 MDTVEH, AMB1759,, WA,,,,,,,,,,,	
/1550		REMINQ	19D3 MDTWANT,,,,,,,,, WA, GRIMMDL19OPT,,,,,,,,,,,	
/1556	(SP0312)	CLEAR	19D3 D/H	
/1556		CLOSE	19D3	